



Docket No.: 04783/016001  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Goro Ishida

Confirmation No.: 9423

Application No.: 09/656,310

Art Unit: 2625

Filed: September 6, 2000

Examiner: K. Y. Poon

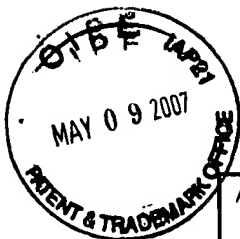
For: PRINTER FOR COMMUNICATING  
COMMANDS WITH HOST DEVICE AND  
METHOD OF CONTROLLING SAID  
PRINTER

**RESPONSE TO RESTRICTION REQUIREMENT**

MS AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated April 10, 2007, please reconsider this application in view of the following.



Application No. (if known): 09/656,310

Attorney Docket No.: 04783/016001

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EM052146301US in an envelope addressed to:

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on May 9, 2007  
Date

*Brenda C. McFadden*

Signature

Brenda C. McFadden

Typed or printed name of person signing Certificate

Registration Number, if applicable

(713) 228-8600  
Telephone Number

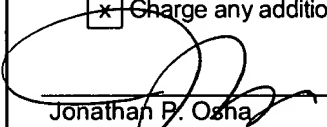
Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Amendment Transmittal (1 page)  
Response to Restriction Requirement (5 pages)



05-10-07

IFV 2625

AMENDMENT TRANSMITTAL LETTER				Docket No. 04783/016001	
Application No. 09/656,310-Conf. #9423		Filing Date September 6, 2000		Examiner K. Y. Poon	
				Art Unit 2625	
Applicant(s): Goro Ishida					
Invention: PRINTER FOR COMMUNICATING COMMANDS WITH HOST DEVICE AND METHOD OF CONTROLLING SAID PRINTER					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	3	- 43 =	0	x 50.00	0.00
Independent Claims	2	- 7 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0591</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Jonathan P. Osha Attorney/Agent Reg. No.: 33,986				Dated: <u>May 9, 2007</u>	
OSHA · LIANG LLP 1221 McKinney St., Suite 2800 Houston, Texas 77010 (713) 228-8600					